

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2015
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NAME OF PROVIDER OR SUPPLIER BOUNTIFUL BLESSINGS FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 208 GILMER STREET BURLINGTON, NC 27217
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C 000	Initial Comments The Adult Care Licensure Section conducted an Annual Survey on 10/8/15.	C 000		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 3 of 3 staff (A, B, C) had a criminal background check upon hire.</p> <p>The findings are:</p> <p>Observation on 10/8/15 at 8:30 AM revealed: -Staff A was the only staff in the facility. -There were 4 residents in the facility. -Staff A was providing personal care as needed to the residents after their breakfast.</p> <p>Interview with Staff A (Nursing Assistant/ Medication Aide) on 10/8/15 at 12:15PM revealed: -Staff A was hired on 10/25/2012. -She had been working at the facility with the Administrator since it opened in 2012. -There were only 3 staff. -Staff A had not had a criminal background check since working at the facility.</p> <p>Review of Staff A's (Nursing Assistant/ Medication Aide) personnel record revealed:</p>	C 147		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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C 147	<p>Continued From page 1</p> <p>-Staff A's hire date was documented as 10/25/12. -There was no documentation of a criminal background check.</p> <p>Refer to interview with the Administrator on 10/8/15 at 4PM. _____</p> <p>Interview with Staff C (Nursing Assistant) on 10/8/15 at 3:50PM revealed: -Staff C worked part time as a Nursing Assistant. -Staff C had not had a criminal background check.</p> <p>Review of Staff C's (Nursing Assistant) personnel record revealed: -Staff C's hire date was documented as 5/25/15. -There was no documentation of a criminal background check.</p> <p>Refer to interview with the Administrator on 10/8/15 at 4PM. _____</p> <p>Interview with the Administrator (Staff B) on 10/8/15 at 4pm revealed: -She had been the Administrator since opening the facility in 2012. -The Administrator was responsible for making sure the criminal background checks were completed. -The Administrator had not run a criminal background check on Staff A and C. -The Administrator thought she had a criminal background check on herself but could not provide documentation before the exit of the survey. -The Administrator would try to locate the criminal background check on herself and fax it.</p>	C 147		

Division of Health Service Regulation

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C 147	Continued From page 2 -The Administrator could not explain why the checks had not been done; she believed it was an oversight.	C 147		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 sampled residents (Resident # 1) had documentation of an annual care plan within the past year and 2 of 3 sampled residents (Resident # 3,4) did not have a Healthcare Provider's signature on their most recent care plans.	C 231		

Division of Health Service Regulation

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C 231	<p>Continued From page 3</p> <p>The findings are:</p> <p>Observation on 10/8/15 at 8:30AM of Resident #1 revealed: -Resident #1 was wearing oxygen per nasal cannula and was walking with the assistance of a cane around the inside of the facility. -Resident #1 would take her oxygen off at times and staff would have to remind her to keep it on. -Resident #1 was well dressed able to go to the bathroom when staff helped with her tubing.</p> <p>Interview with Resident #1 on 10/8/15 at 8:30AM revealed: -Resident #1 thought she could live in her own apartment. -Resident #1 had no problems with the staff at facility. -Resident #1 had no problems with her personal care or medications at the facility.</p> <p>Review of Resident #1's most recent signed care plan was dated 7/10/14.</p> <p>Review of Resident #1's Progress notes revealed: -Resident #1 had been seen quarterly by a medical provider and a mental health provider 12/4/14. -Resident #1 most recent visit with a medical provider was 10/5/15. -Resident #1's next mental health visit was scheduled for 10/9/15.</p> <p>Interview with Staff A (Nursing Assistant /Medication Aide) on 10/8/15 at 1:50PM revealed: -Staff A and the Administrator (Staff B) were responsible for the resident care plans being completed. -Staff A was aware Resident #1 did not have an</p>	C 231		

Division of Health Service Regulation

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C 231	<p>Continued From page 4</p> <p>up to date care plan.</p> <ul style="list-style-type: none"> -The most recent care plan was 7/10/14. -"Normally the Administrator and I try to remind each other that a care plan is coming." -"Our system is that we usually check behind each other; this was an oversight it just fell through the cracks. " <p>Interview with the Administrator on 10/8/15 at 4PM revealed:</p> <ul style="list-style-type: none"> -"The county had just been at the facility that week and cited us for our charts." -This was becoming an issue for the facility. -The facility was seeking guidance from DSS as other facilities had voiced complaints about this ongoing problem. -It was very inconvenient for the staff to have to bring care plans back to the clinic or fax those documents. -The Administrator was aware Resident #1 needed an up to date signed care plan. -The Administrator took responsibility for this oversight. -"Our system is that we usually check behind each other; this was an oversight it just fell through the cracks." <p>Observation of Resident #3 on 10/8/15 at 9AM revealed he had walked out on the front porch with the assistance of a cane.</p> <p>Interview with Resident #3 on 10/8/15 at 9AM revealed:</p> <ul style="list-style-type: none"> -Resident # 3 was happy at the facility. -Resident # 3 was seen by a healthcare provider "several times a year." -Resident # 3 had no problems with personal care or with medications at the facility. 	C 231		

Division of Health Service Regulation

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C 231	<p>Continued From page 5</p> <p>Interview with Staff A (Nursing Assistant /Medication Aide) on 10/8/15 at 1:50PM revealed: -Staff A and the Administrator (Staff B) were responsible for the resident care plans -Staff A was aware the medical provider did not sign Resident #3's care plan dated 1/27/15. -"Our system is that we usually check behind each other; this was an oversight it just fell through the cracks."</p> <p>Review of Resident #3's progress notes revealed: -Resident #3 had been seen by health care providers in 5/15, 7/15, and 8/15.</p> <p>Refer to interview with the Administrator on 10/8/15 at 4PM. _____</p> <p>2.Observation on 10/8/15 at 8:45AM revealed Resident #4 was sitting on a couch watching TV.</p> <p>Resident #4 refused an interview.</p> <p>Review of Resident #4 most recent care plan dated 3/4/15 revealed no Medical provider's signature.</p> <p>Interview with Staff A (Nursing Assistant/ Medication Aide) on 10/8/15 at 1:50PM revealed: -Resident #4 was being considered to move to another facility. -Resident #4 was seen quarterly by a healthcare provider. -Resident #4 had been at the facility since it opened in 2012. -Staff A was aware Resident # 4 did not have a signature on the care plan dated 3/10/15. -Resident #4 was seen quarterly by health care providers.</p>	C 231		

Division of Health Service Regulation

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C 231	<p>Continued From page 6</p> <p>Refer to interview with the Administrator on 10/8/15 at 4PM.</p> <hr/> <p>Interview with the Administrator on 10/8/15 at 4pm revealed:</p> <ul style="list-style-type: none"> -The local clinic was notorious for not signing care plans. -This was becoming an issue for the facility. -The facility was seeking guidance from DSS as other facilities had voiced complaints about this ongoing problem. -It was very inconvenient for the staff to have to bring care plans back to the clinic or fax those documents. -Staff at the clinic were slow to respond back to the facility. -The Administrator was aware Resident #3 needed a signature on his 1/27/15 care plan. -The Administrator was aware Resident #4 needed a signature on her 3/10/15 care plan. -The Administrator took responsibility for this oversight. 	C 231		
C 375	<p>10A NCAC 13G .1009(a)(1) Pharmaceutical Care</p> <p>10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following:</p>	C 375		

Division of Health Service Regulation

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C 375	<p>Continued From page 7</p> <p>(1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure quarterly pharmaceutical reviews for 2 of 3 sampled residents. (Residents #1 and 3)</p> <p>The findings are:</p> <p>Review of Resident #1's most recent FL-2 dated 12/18/14 revealed: -Diagnoses included a history of a stroke, vitamin D deficiency, chronic obstructive pulmonary disease, hyperlipidemia, schizophrenia, and atherosclerosis. -Haldol 5mg 1 by mouth daily. (Used as an anti-psychotic to treat schizophrenia.) -Atorvastatin 20mg 1 by mouth at bedtime. (Used to treat high cholesterol.) -Vitamin D3 1000 International Units by mouth</p>	C 375		

Division of Health Service Regulation

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C 375	<p>Continued From page 8</p> <p>daily.</p> <p>-Singulair 10mg by mouth at bedtime. (Used to treat seasonal allergies and chronic obstructive pulmonary disease.)</p> <p>-Advair inhaler 250/50 1 puff every 12 hours. (Used to treat chronic obstructive pulmonary disease.)</p> <p>-Mobic 7.5mg 1 every AM with food.(Used to treat pain and inflammation.)</p> <p>-Detrol LA 2mg by mouth daily. (Used to treat overactive bladder and urinary incontinence.)</p> <p>-Klonopin 0.5mg by mouth every 12 hours. (Used to treat anxiety, bipolar disorder, schizophrenia, and epilepsy.)</p> <p>-Zyprexa 10mg 1 by mouth every 12 hours. (Used to treat schizophrenia, bipolar disorder, and psychosis.)</p> <p>Review of Resident #1's Quarterly Pharmacy review revealed the last documented review was dated as 3/10/15.</p> <p>Review of Resident #1's progress notes revealed:</p> <p>-Resident #1 was seen by a healthcare provider in January 2015, April 2015, July 2015 and as recently as 10/5/15.</p> <p>-There were some new medications added on 10/5/15 and those changes were correctly reflected on the current medication administration record.</p> <p>Refer to interview with the Administrator on 10/8/15 at 4PM.</p> <p>Refer to interview with the local Pharmacist on 10/8/15 at 4:35PM.</p> <p>_____</p> <p>2. Review of Resident #3's most recent signed FL-2 dated 1/27/15 revealed:</p>	C 375		

Division of Health Service Regulation

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C 375	<p>Continued From page 9</p> <ul style="list-style-type: none"> -Diagnoses included a history of a stroke, coronary artery disease, hypertension, and chronic obstructive pulmonary disease. Medications included: Tramadol 50mg 1 by mouth every AM and at bedtime. (Used to treat moderate to severe pain.) -Enteric Coated Aspirin 1 by mouth daily. (Used to keep blood thin to avoid a heart attack or stroke.) -Plavix 75mg by mouth daily. (Used to help prevent blood clots after a heart attack or stroke.) -Singulair 10mg 1 by mouth at bedtime. (Used to treat seasonal allergies and chronic obstructive pulmonary disease.) Trazodone 50mg 1 by mouth at bedtime. (Used to treat depression and anxiety.) -Norvasc 1 by mouth daily. (Used to treat high blood pressure and chest pain.) -Glipizide 5mg 1 by mouth daily. (Used to treat Type II Diabetes.) -Gabapentin 300mg by mouth at bedtime. (Used to treat pain and epilepsy.) -Vesicare 5 mg by mouth daily. (Used to treat overactive bladder.) -Simvastatin 40mg by mouth at bedtime. (Used to treat high cholesterol.) <p>Review of Resident # 3's Quarterly Pharmacy review revealed the last documented review was dated as 3/10/15.</p> <p>Review of Resident # 3's progress notes revealed:</p> <ul style="list-style-type: none"> -Resident #3 was seen by a healthcare provider in May 2015, July 2015, and August 2015. -There was already a scheduled appointment for a routine healthcare provider visit 10/12/15. <p>Refer to interview with the Administrator on 10/8/15 at 4PM.</p>	C 375		

Division of Health Service Regulation

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C 375	<p>Continued From page 10</p> <p>Refer to interview with the local Pharmacist on 10/8/15 at 4:35PM.</p> <hr/> <p>Interview with the Administrator on 10/8/15 at 4PM revealed: -The facility used the services of a local pharmacist and the Administrator had already scheduled a time for quarterly reviews with this pharmacist for 10/9/15. -The Administrator did not call until 10/7/15 to inquire if the pharmacist was coming back to the facility. -The pharmacist usually communicated the dates to the facility for quarterly reviews.</p> <p>Interview with the local pharmacist on 10/8/15 revealed: -The pharmacist performed the quarterly medication reviews for the facility. -The last review was on 3/10/15. -The pharmacist was still planning on doing the quarterly pharmacy reviews for the facility. -The facility had not contacted him this past quarter.</p>	C 375		
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled</p>	C992		

Division of Health Service Regulation

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C992	<p>Continued From page 11</p> <p>substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 staff (Staff C) consented to an examination and screening for controlled substances upon hire.</p> <p>The findings are:</p> <p>Interview with Staff C (Nursing Assistant) on 10/8/15 at 3:50PM revealed: -Staff C's hire date was 5/25/15. -Staff C worked in the family care home as a</p>	C992		

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C992	<p>Continued From page 12</p> <p>Nursing Assistant.</p> <ul style="list-style-type: none"> -Staff was not required to submit to a consent or screening of controlled substances upon hire. -Review of Staff C's (Nursing Assistant) personnel record revealed: <ul style="list-style-type: none"> -Staff C's hire date was documented as 5/25/15. -There was no documentation for consent or screening of controlled substances upon hire. Interview with the Administrator on 10//8/15 at 4PM revealed: <ul style="list-style-type: none"> -The Administrator did not require a consent or screening of controlled substances for Staff C upon hire. -The Adminstrator could not provide a reason why she did not believe she was required to request a drug screen for Staff C upon hire. -Staff C worked part time as a Nursing Assistant and did not pass medications at the facility. -The Administrator would pay for Staff C to have a drug screen in the near future. 	C992		